ARMY MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM (MEPRS)

The U.S. Army MEPRS Program Office, San Antonio, Texas, publishes and distributes the U.S. Army MEPRS News Bulletin to MEPRS administrators worldwide. We have designed the News Bulletin to enhance communication within the U.S. Army medical treatment facilities.

/signed/
ROMONA K. BACON
U.S. Army MEPRS Program Office

DISTRIBUTION:
Commanders, MEDCOM MEDCENs/MEDDACs
 ATTN: Resource Management
Deputy Chief of Staff for Resource Management
 Chief, Program and Budget Division
 Chief, Manpower Division
 Chief, Management Division
 Chief, Finance and Accounting Division
Director, Directorate of Patient Administration Systems and
 Biostatistics Activities

TABLE OF CONTENTS

SECTION I
TRI-SERVICE HAPPENINGS

MEPRS Management Improvement Group (MMIG) Update. FY01 brings several challenges to the MMIG. The following events and issues are the MMIGs focus for FY01:

    a. TRICARE 2001 Conference. The MMIG will be represented at the TRICARE Conference in January 2001. This year's topic is Labor Reporting. Labor is approximately 60% of the Defense Health Program budget. Each Service will have a medical training facility (MTF) representative brief "best practices" in labor reporting, reconciling and validation. Ms. Burma Barfield, MEPRS Analyst, Fort Riley, Kansas will be presenting Fort Riley's labor reporting practices for the Army.

    b. Expense Assignment System, Version IV (EAS IV) Current Procedural Terminology (CPT) Workload Reporting. The MMIG is currently coordinating with TRICARE Management Agency (TMA) to provide functional guidance for CPT workload reporting in EAS IV. EAS IV requires applicable ancillary workload to have CPT code, modifier and beneficiary category. Any ancillary workload received from Composite Health Care System (CHCS) Workload Assignment Module (WAM) with an invalid or missing CPT code/modifier (edited workload) will error out in EAS IV. This workload must be manually entered into EAS IV with the required data elements. The MMIG and TMA must develop functional guidelines that will maintain data integrity without burdening the MEPRS managers with data entry.

    c. CHCS Workload. The MMIG will be working with Scientific Applications International Corporation (SAIC) to understand the CHCS ancillary workload data flow, identify system problems, and determine valid workload reports for validating WAM SAS templates.

    d. Ambulatory Data System (ADS)/EAS IV Interface. One of EAS IV features is costing by CPT code. However, to receive all of the required data, a valid ADS file must be provided for the ADS/EAS IV interface. The MMIG will be working with the ADS project office to resolve this issue before 1 October 2001.

    e. Resource Sharing. The MMIG must develop Tri-Service functional guidance for reporting internal resource sharing.

    f. DOD 6010-10.13. The MMIG will be updating the content of the DOD MEPRS Manual to reflect current operating procedures and policy.

    g. Labor Reporting System. The MMIG will be working to provide Tri-Service functional requirements for Defense Health labor utilization and reporting system.

The above issues will be addressed throughout the year. We will provide status updates in each newsletter.

SECTION II
ANCILLARY

1. Pathology.

    a. Arrival of new Laboratory/Pathology MEPRS Consultant. SFC Stephan R. Handy arrived at the MEPRS Office in mid-November to replace MSG Eric Smith as the Laboratory/Pathology MEPRS Consultant. He can be reached as follows:

Phone: (210) 637-2237
DSN: 471-9764 Ext. 2237
FAX: (210) 637-4706
2455 N.E. Loop 410, Suite 150
San Antonio, Texas 78217
E-Mail: Stephan.Handy@amedd.army.mil

    b. Deletion of MEPRS Code DBC. As of 1 Oct 2000, the use of MEPRS Code DBC for Blood Bank was discontinued. Workload for Blood Bank will now be included in Clinical Pathology and attributed to MEPRS Code DBA. Sites using DBC will need to edit the Hospital Location File. This requires access to the Common File and Tables, and assistance from your site administrator. If a Work Element for Blood Bank was defined with DBC, change it to DBA. If DBC had not been defined for the Blood Bank, no change is necessary. Additionally, Blood Bank workload should be included with the Clinical Pathology workload on the Worldwide Workload Report (formerly the MED302 Report).

2. Radiology.

    a. Each year American Medical Association publishes Radiology CPT codes. Most of the new CPT codes are codes that replace old codes on the CHCS Radiology File and Table. The CHCS CPT file is updated yearly. After the latest codes have been loaded into CHCS, the NCOIC of each Radiology Department has the responsibility to update the sites Radiology procedures with the new codes. If the Radiology Procedure File and Table is not updated when a new CPT file is loaded into CHCS, workload is lost. NCOIC's must take responsibility for the accuracy of their workload to ensure their workload is being entered and counted correctly.

    b. One of the main problems in Radiology is getting WAM, to capture the correct workload. Radiology workload, which does not meet quality control edit, is not passed to EAS IV from WAM. An obsolete MEPRS code, an invalid CPT code, and/or an incomplete exam will cause the workload to fail the edits. The solution was to edit WAM with the correct workload. However, the radiology workload edited in WAM does not pass to EAS. Within the year EAS IV will be installed at all MTFs and requires that the data contains the CPT code and the Beneficiary Category. The only way this information will pass to MEPRS EAS IV will be via WAM and the Radiology system in CHCS. The MEPRS office and Radiology Department NCOIC's need to work closely to insure WAM is collecting the correct workload and that it is being passed to EAS IV.

c. If anyone has any questions please call MSG Marvin Baker, (210)637-4607, DSN 471-9730, ext 4607 or email marvin.baker@cen.amedd.army.mil

3. Pharmacy.

    a. Army Pharmacy is working diligently to fix the data quality for the MEPRS and WAM. As the Senior Enlisted for Army Pharmacy, I have been trying to standardize the accounting procedures for pharmacy. This is a very big task for us because we do not have direct control over two-thirds of the data on our report. My goal is to clean out the requesting pharmacy DAA accounts and not have a great deal of workload put into the MEPRS Code DAA*. I have sent a message out to the pharmacies stating that bulk drug orders should be tracked to the correct MEPRS Codes and not dropped into DAAA. On the other side of this note, self-care prescriptions dispensed from the pharmacy should be attributed to DAAA because there is no clinic visit attributed to these prescriptions and the workload does distribute fairly equal throughout the facility.

    b. A few concerns have surfaced and I would like to educate the MEPRS staff on two of them. There has been quite a bit of discussion on whether there should be outpatient prescriptions and refills on an inpatient MEPRS code. To the best of my knowledge this policy or directive has not been signed. The other part of this problem is that this is a provider issue not a pharmacy issue. The MEPRS, Data Quality, and CHCS staff must educate the providers on how to use the Outpatient Page in the Inpatient Profile and why it is important.

    c. The other concern is the fact that in CHCS there are several obsolete MEPRS codes that are still active. There are providers that are utilizing MEPRS codes deleted several years ago and pharmacy must roll those amounts into a valid MEPRS code in WAM. This is very time consuming and again we cannot change the code the provider selected as their work center. To correct this problem, a team effort is required by Pharmacy, MEPRS, CHCS and Data Quality personnel. Pharmacy is not always aware that a code has changed or is no longer active unless they are educated on this fact. It can take up to a year to clean a deactivated code due to refills, etc.

    d. As pharmacy moves forward to support the Data Quality Initiative, I ask that you take the time to explain and educate. I also caution that workload for pharmacy should not arbitrarily be discounted because it is not in the correct code or you do not have an audit trail. Please work with the pharmacy staff as the funding for your facility and our staffing are directly affected by any loss of workload.

    e. Point of contact is MSG Karen K. Reynolds, (210) 221-7361/8887, DSN 471.

SECTION III
ITEMS OF INTEREST

1. MEPRS Breakout Session.

AMEDD Resource Management Training Conference
Houston, Texas
27 – 28 March 2001

▲Tuesday, 27 March

1330 – 1515	EAS IV
	    Training
	    CHCS/WAM Issues
	    Table Synchronization

1515 – 1530	Break

1530 – 1715	EAS IV (continued)
	    Data Repository
	    Data Analysis
	    Hardware Warranty/Maintenance

▲Wednesday, 28 March

1330 – 1430	Financial/Workload Reconciliation
1430 – 1515	TMA Data Quality Checklist and MEPRS
1515 – 1530	Break
1530 – 1600	DMHRS Prototype
1600 – 1630	Unit Cost Comparison Metric
1630 - 1730	MTF Panel Discussion

2. Weekly MEQS Database Load, EAS III Transmission, and Workload Report. Each facility must review the weekly MEQS Database Load, EAS III Transmission, and Workload Report, reconcile the discrepancies, and when necessary re-comp and re-transmit data. Also, provide detailed explanation(s) in the Monthly MEPRS Narrative, and submit to the MEPRS Functional Mailbox. Workload reports contain the following criteria:

Inpatient - Zero Workload with Expenses
Inpatient - Workload with Zero Expenses
Ambulatory - Zero Workload with Expenses
Ambulatory - Workload with Zero Expenses
Ancillary Workload

This report is a sent out as a self-extracting zipped file. To unzip the file, it must be saved to a directory of your choosing on the hard drive. Once saved there, access the file through "Explorer" and double-click the file. This will unzip the file; once the file is unzipped it may be viewed through Excel using normal access procedures. If there are any additional personnel that need to be added/deleted as recipients of this weekly report please let me know I will add/delete personnel from the mailing list as needed. Point of contact is Gena Carey, (210) 637-2230 or DSN 471-9730, ext 2230.

3. MEPRS Web Site. The new address for the MEPRS web site is www.ampo.amedd.army.mil. The Web site has been redesigned and should be more user friendly.

    a. Bulletin Board. The Bulletin Board is a useful tool as everyone has access to the questions and the answers to those questions. Whenever anyone accesses the Bulletin Board and posts a question, a message is sent to the Army MEPRS Program Office. Remember the password is what use for accessing Uniform Chart of Accounts Personnel Utilization System (UCAPERS) and EAS III.

    b. All documents that have been sent out by this office have been posted to the MEPRS web site.

4. Reporting of MEPRS Code CAA5 – Dental APV – Same Day Surgery

    a. In accordance with the guidance extracted from the Department of the Army, Memorandum, Subject: Army Medical Expense and Performance Reporting System (MEPRS), Functional Policy and Guidance for FY 2001, Para 1, Section c.

    b. The Dental Treatment Facility (DTF) will ensure the reporting of MEPRS code CAA5 – Oral Surgery Ambulatory Patient Visit (APV) for Same Day Surgery utilizing a MEDCEN/MEDDAC Operating Room captured in Corporate Dental Application (CDA). The CDA software update will be released within the next 30 days. Data will be submitted to the MEPRS Office Coordinator on a monthly basis for all appropriate MEPRS codes. The DTF will provide data for MEPRS code CAA* assigned to the Hospital Dental Clinic until the software update is complete, once the update is complete the DTF will submit corrections to separately report Hospital Dental Clinic with multiple MEPRS Code CAA* and CAA5 for FY01. DENCOM POC is Valorie Thompson, email thompson.valorie@amedd.army.mil

5. Personnel Changes.

Army MEPRS Program Office
Departed: Ursula Henry
Arrival: SFC Stephan Handy, Pathology

Fort Eustis, VA
Departed: Gwen Bridges

Fort Benning, GA
Departed: Mary Sweatman, Management Analyst
Arrival: Phyllis Clark, Management Analyst

ERMC MEPRS
Arrival: Ursula Henry

Wuerzburg, Germany
Departed: Pamela Garbarino and West Brininger

West Point, NY
Departed: Betty Best

Seoul, Korea
Departed: Ho Yong Oertwig
Arrival: U Nan Yi, UCAPERS.

Fort Wainwright, AK
Departed: Monique Falkquay
Arrival: Patty Shea, Management Analyst
Greg Pippin, Temporary Chief of the Management Branch

Fort Bragg, NC
Departed: Betty Wright, Sandra Simmons, Kenda McCormack
Arrival: Pam Garbarino, Data Quality Manager
Rolland (Ron) Raymond, MEPRS Functional Manager
Jose Palacio, WAM Functional Manager
Diana Antonellis & Sheila Watts, UCAPERS

Fort Hood, TX
Arrival: Monique Falkquay

Fort Irwin, CA
Arrival: Debbie Rotte, UCAPERS

Fort Riley, KS
Arrival: Portia Turnbull, MEPRS Analyst

Fort Belvoir, VA
Departed: Heidi Hartmann

Fort Sam Houston, TX
Arrival: Irene Greene, Financial Analyst
Jeanie Eckelberger, MEPRS Technician

SECTION IV
Workload Assignment Module (WAM)

1. WAM. The inpatient cost pools can be produced by WAM. The inpatient cost pool must be on the MEPRS code file in CHCS. Use DWAM (SAS Enter/Edit (SEDT)) to create the cost pools. More detailed information is contained in the SAIC D/SIDDOMS Doc. DS-IM98-6011A 1 Mar 1999, Implementation Update Guide, CHCS WAM/EAS IV (and EAS III Version 9.4), SMMR 1. The instructions are in para 3.7.2.1.

   a. Enter a valid fiscal year and a SAS code (151-220).

   b. Enter the requesting DMIS ID.

   c. SAS Enter/Edit Screen is displayed.

   d. At the SAS Code Status field, default activation date of beginning of the fiscal year and the default inactivation date of 01 October of the next fiscal year. Press return.

   e. At the performing MEPRS code field, enter the appropriate inpatient cost pool.

   f. At the requesting MEPRS code field, enter the appropriate inpatient MEPRS Codes, e.g., AAAA, AABA.

   g. After each requesting MEPRS code is added CHCS set the activation date to the beginning of the fiscal year and the inactivation date to 1 October of the start of the next fiscal year.

2. *Reminder:* CHCS. Electronic Transfer Utility (ETU) which transfers the WAM file to ES III/EAS IV needs to be updated with the IP address of your EAS IV server. Contact your CHCS administrator to have the IP address changed when you are ready to start running EAS IV.

SECTION V
Uniform Chart of Accounts Personnel Utilization System
(UCAPERS)

1. UCAPERS Readiness Code Mapping Changes. There have been several changes to the UCAPERS Readiness Exception Code Table. Please review the following listing and make the appropriate changes to your APC/AMSCO/MEPRS Code Table and the Readiness Exception Code table.

AOD	ADMIN OFFICER OF THE DAY	EBAA
CBC	COURTS/BOARDS/COMMITTEES	EBCA
CQ-D	CHARGE OF QUARTERS – DENTAL	EBAN
CQ-M	CHARGE OF QUARTERS – MEDICAL	EBAA
DIS	DESTRUCTION/INVENTORY/SURVEY	EEAA
FOD	FIELD OFFICER OF THE DAY	EBAA
FTX	FIELD TRAINING EXERCISE	GBAA
MASS	MASS CASUALTY	EBGA
MOBX	MOBILIZATION READINESS EXERCISE	GBBA
MTNG	MILITARY TRAINING	GBAA
NCOD	NON-COM OFFICER OF THE DAY	EBAA
PNS	PLANNING NATIONAL SUPPORT	GABA*
POR	PREPARATION OVERSEAS REDEPLOY	GAAA
PT	PHYSICAL TRAINING	GFAA

National Disaster Medical System (NDMS) sites uses GGAA.

If changes are necessary you can make the changes using the Extra Duty Exception Code Table Maintenance and the APC/AMS/MEPRS Table Maintenance screens. Make sure that the APC and AMS Code mapping are correct before you make the changes to the Extra Duty Exception Code Table.

2. Invalid Branch Codes. Several sites have experienced problems regarding Branch Codes EM (Enlisted Man) and EW (Enlisted Woman). These two Branch Codes were deleted from the table in 1999 and are not compatible with UCAPERS or EAS. Please review your Master Personnel File and ensure that your site is not using either of these Branch Codes. If you discover that you are using either of these Branch Codes and you need assistance making the corrections, contact MEPRS Technical Support, (210) 637-2215.

3. Preparing UCAPERS for EAS IV Activation.

    a. Site Procedures. Contact the MEPRS Technical Support Center (TSC) when you reach E.4-Converting Personnel Data in the EAS IV Software Installation Plan, to request the following:

    Import the Personnel file(s) into EAS IV
    Import the WMSN file into EAS IV
    Change the EAS Version flag from EAS III to EAS IV

Note: In order to change the EAS Version flag from EAS III to EAS IV, the process status must be before Expense Distribution or after SAS Input Processing.

When the EAS Version flag is changed from EAS III to EAS IV, the following changes can be seen on the UCAPERS screens:

On the Process Control screen, the EAS and SAS Input Processing is combined.

```
Date: 2000/12/19       UCA - Personnel Utilization System        SNAC031
Time: 16:40                      Process Control

    Action Codes: R=Requested, Blank=Not Scheduled, A=Active, P=Approved

      - Daily -                               - EAS Processing -
   Preprocessing Backup                    EAS/SAS Input Processing
   Post Processing Backup
      - Weekly -
   Restricted Schedule Week  09 APR 00       Payroll Date is: 22 APR 00
   Schedule Reconciliation/Summarization     Copy Civilian Payroll
   Create Prospective Schedules              Payroll Processing
   Create Retrospective Schedules
      - Monthly -                            - As required -
   Restricted Utilization/Survey Month MAR   Global Update
   Clin/APN Reconciliation
   TDY Reconciliation
   Expense Distribution
   STANFINS Input Process                    - Cycle -
   Create STANFINS File                               Start
   Create EAS Tape for: FEB          Batch Processing - Time: 0000
   Create EAS/USM Tape for: MAR
   [F1] Exit                   [F5] Help                  [F8] Accept
```

On the Process Status Display screen, the EAS and SAS Reporting are combined.

```
Date: 2000/12/19       UCA - Personnel Utilization System        SNAC091
Time: 16:42                    Process Status Display

RUN
*** Prospect. Schedules exist for the week(s) of:  09 APR 01  to  21 MAY 01
    Retro.    Schedules exist for the week(s) of:  09 APR 01  to  30 APR 01
              Schedules have been summarized for:  00      00

    Clin/APN Surveys/Utilizations were last produced for: MAR

    Civilian Payroll - Date Last Received:   08 APR 00
                       Date Last Reconciled: 08 APR 00

                      Last Reporting Month   Current Reporting Month
*** Clin/APN Reconciliation     FEB                   MAR
    TDY Reconciliation          FEB
    Expense Distribution        FEB
    EAS/SAS Reporting           FEB
    USM Reporting               FEB

                                    Last Daily WMSN Cycle
  Current WMSN Reporting Month: APR       26 APR 01  22:00

                    Press <F8> when finished >
```

When the EAS/SAS Input processing cycle is requested, three new reports will be produced and displayed on the Reprint/View Reports screen.

```
Date: 2000/12/19      UCA - Personnel Utilization System          SNAC2A1
Time: 16:48                 Reprint/View Reports

  Use the up and down arrow keys to select a UCAPERS Report to reprint or view
  from the list below.  Press F6 to View or F7 to Reprint the report.


      CURRENT UCAPERS REPORT DESCRIPTION                       FILENAME
->  UCAPERS Historical Report Selection Screen
    EAS IV Data Audit Listing                                 FNAC59AUP
    EAS IV Detail Data Audit Listing                          FNAC56AUP
    EAS IV Work Center Distribution Exception Report          FNAC56BUP








  [F1]  Go Back 1     [F2] Main Menu    [F3] Refresh  [F6] View   [F7] Reprint
```

b. TSC will contact you after the above-requested procedures have been completed. You may continue with the EAS IV Software Installation Plan.

SECTION VI
EXPENSE ASSIGNMENT SYSTEM (EAS)

1. Turning on EAS Version IV (EAS IV). As each facility completes EAS IV Functional and Repository training, it is expected the participants will return to their respective facilities and begin using EAS IV. This will require notification of the MEDCOM MEPRS Technical Support Help Desk that the facility is ready to begin utilizing EAS IV. The MEDCOM MEPRS Technical Support Help Desk will then make the appropriate adjustments to ensure the required file locations are available to be imported into EAS IV. The facility representative(s) will then begin to import the necessary files to process data in EAS IV.

Note: Requirements for EAS III data conversion. EAS III Release 9.6 must be loaded, initialize New Year must be complete, and the FY 01 ASD must be updated. (Don't forget to check the DMIS ID associated with each MEPRS code). Also, UCAPERS processing must be complete for Oct FY01

2. EAS IV Training and Expectations.

     a. The Army EAS IV training is part of an overall initiative to train Army end-users on EAS IV along with the EAS IV Repository. Provided are highlights of the activities associated with training experienced EAS III users on the functionality in EAS IV, a graphical user interface (GUI) system that duplicates and expands upon the functionality of EAS III. Additionally, the activities associated with training users on the functionality of the EAS IV Repository, an EAS IV data-reporting tool. An EDS Team will provide EAS IV functional training and EAS IV Repository training at the EDS Falls Church, Virginia facility over the course of five separate training sessions. Each session will train new participants on EAS IV and the EAS IV Repository.

     b. Each EAS IV training session will be conducted over a two-week period and upon completion the students will demonstrate the ability to perform job-specific reporting tasks on the system by successfully completing the hands-on practice activities included with the training materials. The first week will consist of EAS IV Functional training while the second week provides training on the EAS IV Repository. On completion of EAS IV training, students will be able to demonstrate an understanding of EAS IV functionality, a basic understanding of EAS IV Transmissions and the relationship to the EAS IV Repository will also be provided. On completion of EAS IV Repository training, students will be able to demonstrate an understanding of EAS IV Repository functionality, and the ability to develop and complete adhoc queries in support of data analysis.

     c. EAS IV functional training will include the following:

          Differences between EAS III and EAS IV (handout for reference only)
          EAS IV system overview
          EAS IV logon
          EAS IV online help
          Table maintenance (description of tables within EAS IV and how to maintain them).
          Processing financial, personnel, and workload data (includes importing, validating,

and correcting data).
Adjustments (adjusting "error-free" financial, personnel, and workload information in
  EAS IV).
Allocation (known in EAS III as computation).
Reports
Transmissions

d. EAS IV Repository training will include the following:

EAS IV Repository Overview
Building Queries
Report Formatting
Formatting for Analysis
Using Charts and Crosstabs Reports
Advanced Data Analysis (tools for advanced analysis)

e. Participants in EAS IV functional training and EAS IV Repository training will include no more than 14 pre-determined personnel who will receive hands-on training led by the EDS Team. There will be at least one workstation per two students and one separate workstation for the instructors. Each student will receive a copy of the Using EAS IV Student Guide and Using the EAS IV Repository Student Guide.

3. Please send the name and telephone number of your EAS IV System Administration and your IMO to rosie.crisostomo@amedd.army.mil. Include the IP address of your EAS IV server.